HERITAGE NURSING & REHABILITATION CENTER

1119 NORTH WISCONSIN STREET

PORT WASHINGTON 53074 Ownership: Corporation Phone: (262) 284-5892 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): 54 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census: 53

Services Provided to Non-Residents	!	Age, Sex, and Primary Diagn						
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	90	Less Than 1 Year	22.6 49.1	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.7	More Than 4 Years	28.3	
Day Services	No	Mental Illness (Org./Psy)	34.0	65 - 74	7.5	I		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	24.5	I	100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	56.6	********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.7	Full-Time Equivalent	t	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	Residents	
Home Delivered Meals	No	Fractures	11.3		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	7.5	65 & Over	94.3			
Transportation	No	Cerebrovascular	13.2			RNs	6.4	
Referral Service	No	Diabetes	0.0	Sex	90	LPNs	8.4	
Other Services	Yes	Respiratory	3.8			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	30.2	Male	15.1	Aides, & Orderlies	37.4	
Mentally Ill	No			Female	84.9	1		
Provide Day Programming for			100.0			I		
Developmentally Disabled	No				100.0	1		

Method of Reimbursement

		edicare			edicaid itle 19		(Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	00	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	2.9	135	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.9
Skilled Care	5	100.0	302	34	97.1	115	0	0.0	0	13	100.0	144	0	0.0	0	0	0.0	0	52	98.1
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		35	100.0		0	0.0		13	100.0		0	0.0		0	0.0		53	100.0

HERITAGE NURSING & REHABILITATION CENTER

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
		 			 % Needing		Total						
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of						
Private Home/No Home Health	8.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents						
Private Home/With Home Health	0.0	Bathing	0.0		66.0	34.0	53						
Other Nursing Homes	2.7	Dressing	15.1		50.9	34.0	53						
Acute Care Hospitals	83.8	Transferring	15.1		50.9	34.0	53						
Psych. HospMR/DD Facilities	0.0	Toilet Use	17.0		47.2	35.8	53						
Rehabilitation Hospitals	0.0	Eating	34.0		41.5	24.5	53						
Other Locations	5.4	* * * * * * * * * * * * * * * * * * *	*****	*****	******	******	*****						
Total Number of Admissions	37	Continence		용	Special Treatme	ents	%						
Percent Discharges To:		Indwelling Or Extern	al Catheter	9.4	Receiving Res	piratory Care	5.7						
Private Home/No Home Health	29.7	Occ/Freq. Incontinen	t of Bladder	69.8	Receiving Tra	cheostomy Care	0.0						
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	50.9	Receiving Suc	ctioning	0.0						
Other Nursing Homes	0.0				Receiving Ost	comy Care	3.8						
Acute Care Hospitals	8.1	Mobility			Receiving Tub	e Feeding	3.8						
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving Med	hanically Altered Diet:	s 18.9						
Rehabilitation Hospitals	0.0												
Other Locations	21.6	Skin Care			Other Resident	Characteristics							
Deaths	40.5	With Pressure Sores		7.5	Have Advance	Directives	98.1						
Total Number of Discharges		With Rashes		1.9	Medications								
(Including Deaths)	37				Receiving Psy	choactive Drugs	45.3						

		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	This Proprietary		50	-99	Ski	lled	Ali	1		
	Facility	Peer	Peer Group		Group	Peer Group		Faci	lities		
	%	90	Ratio	90	Ratio	앙	Ratio	ଚ	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	98.1	81.9	1.20	86.7	1.13	84.2	1.17	85.1	1.15		
Current Residents from In-County	79.2	83.1	0.95	90.3	0.88	85.3	0.93	76.6	1.03		
Admissions from In-County, Still Residing	21.6	18.8	1.15	20.3	1.07	21.0	1.03	20.3	1.06		
Admissions/Average Daily Census	69.8	182.0	0.38	186.6	0.37	153.9	0.45	133.4	0.52		
Discharges/Average Daily Census	69.8	180.8	0.39	185.6	0.38	156.0	0.45	135.3	0.52		
Discharges To Private Residence/Average Daily Census	20.8	69.3	0.30	73.5	0.28	56.3	0.37	56.6	0.37		
Residents Receiving Skilled Care	100	93.0	1.08	94.8	1.05	91.6	1.09	86.3	1.16		
Residents Aged 65 and Older	94.3	87.1	1.08	89.2	1.06	91.5	1.03	87.7	1.08		
Title 19 (Medicaid) Funded Residents	66.0	66.2	1.00	50.4	1.31	60.8	1.09	67.5	0.98		
Private Pay Funded Residents	24.5	13.9	1.77	30.4	0.81	23.4	1.05	21.0	1.17		
Developmentally Disabled Residents	0.0	1.0	0.00	0.8	0.00	0.8	0.00	7.1	0.00		
Mentally Ill Residents	34.0	30.2	1.12	27.0	1.26	32.8	1.04	33.3	1.02		
General Medical Service Residents	30.2	23.4	1.29	27.0	1.12	23.3	1.30	20.5	1.47		
Impaired ADL (Mean)	58.9	51.7	1.14	48.9	1.20	51.0	1.15	49.3	1.19		
Psychological Problems	45.3	52.9	0.86	55.5	0.82	53.9	0.84	54.0	0.84		
Nursing Care Required (Mean)	5.2	7.2	0.72	6.8	0.77	7.2	0.72	7.2	0.72		